Local Agency Attendees:

31 Broadlawns - Kalin Berkland, Karen Goff

33 New Opp. – Paula Klocke, Carla Bernholtz, Brenda Densmore

35C Hillcrest – Cynthia Kaczinski

35D Hillcrest - Gina Gassman

37 MATURA - Karla Hynes

38 MICA - Janet Weber, Sierra Stevens

39 Mid Sioux - Cindy Harpenau

41 NICAO – Carla Miller

42 VNA – Sara Noack

43 Operation Threshold – Amanda Kirchhoff

48 West Central – Amanda Blum, Britanny Schaben

49 Siouxland - Jean Sterner

53 Marion Co. – Julie Miller

54 Scott Co. – Courtney Connor

Local agency perspective on reopening

Webster County was not able to present due to an unexpected issue that came up.

HACAP- Angela Munson – Angela shared information on reopening and seeing participants face-to-face.

- Thank you to all agencies who helped us out during the storm as we did not have Internet or power for days.
- The Urban clinic started seeing face-to-face appointments July 13. Due to the derecho, they digressed with seeing participants face-to-face. All staff returned September 1.
- Clinic operations
 - CPAs are doing all certs in-person with the one provider model except for families exposed to COVID
 - Other appointment types (health updates, NE) are being conducted with the certification appointments if due and there are multiple appointment types, but only the family members needing a certification are coming into the clinic
 - Hispanic/refugee clinics unable to get back into the building.
 - Appointments done with interpreters over the phone at the clinics not open now
 - No show/cancel rate is similar to what it was in the past
 - Food benefit list, Farmers' Market checks, term notices, and appointment reminders are mailed for non-cert appointments, given in-person for cert appts

Reminder calls

- Support staff make reminder calls for other appointments and let clients know it's over the phone (NE, HU)
- For certs, participants are told to bring proofs, one parent/guardian, and the person the appointment is for only
- Participants are told to wait in cars and call the WIC cell for checking in and prior to proceeding into the building
- Staff are encouraging mask wearing during the reminder call

Barriers

 Making arrangements for doing certifications over the phone, getting ht/wt, sending proofs electronically, etc.

Safety precautions

- Masks are provided at the entryway. If a client doesn't have one, staff recommend they wear one.
- All participants are screened for temperature with an infrared no touch thermometer (staff help or can on their own as well), offered masks, hand sanitizer, are asked to fill out a form to check for symptoms including fever, chills, cough, difficulty breathing, sore throat, nausea, vomiting, diarrhea, loss of taste/smell, contact with COVID-19 positive person, etc.
 - If fever above 100.4, the family is rescheduled 14+ days in the future or staff do the appointment in the car
 - The form/sign in sheet is used for tracking purposes if there was an exposure
 - Includes last name, first name, temperature, symptoms, exposure in last 30 days, date, and is stored in a folder for now
 - Angie will share this with the group
 - Surfaces and everything that is being touched is being wiped down between appointments. Wiping down measuring/weighing equipment, signature pads, card readers, desks, chairs, etc. frequently, hand washing
 - CPAs wear lab coat, face shields and masks or both face shields and masks with no plexiglass in rooms
 - Support staff behind plexiglass can use a face shield, mask, or both
 - Lobbies have chairs. No toys, booklets, extra things in the clinic at this time to avoid touching
 - Signage about COVID symptoms is posted in multiple languages on the front door, lobby doors are currently locked but families can knock
 - RNs, RDs, and RDHs wear lab coats
 - Staff that are signing in and checking temperatures need to wear gloves, face shields, or mask, maintain 6 foot distance when possible
 - Wash/sanitize hands after removing gloves between participants
 - Social distancing in break rooms and community areas throughout the facility

PPE

- Agency has not had to buy extra PPE from what was originally purchased so far.
 One clinic started seeing participants face-to-face and then face-to-face stopped due to the derecho. HACAP got donated face masks, etc.
- Lab coats are provided by Aramark
 - Drop off new and take back dirty to launder weekly
 - Staff wear a new lab coat daily and put it in the soiled laundry basket at the end of the day
- Sani Clothes that are used for disinfecting are purchased through Concordancehealthcare.com, medical supplies, disinfectant

- Guidance for exposure/positive COVID reports
 - o Based on CDC, IDPH, DHS, Linn County Public Health, and Head Start
 - o Staff check temps daily prior to coming to work or can check inside lobby door
 - Staff are traveling together to travel clinics, haven't considered what to do if one gets sick
 - Staff with symptoms can't come to work until they are 72 hours fever-free and other symptoms improved, 10 days since symptom onset
 - Staff that become sick at work need to go home immediately, go to Test Iowa or contact primary health provider to get tested
 - If someone tests positive in the office, the HACAP Family Community Health Director will contact Linn Co Public Health and determine next steps
 - Primary care provider and Linn Co Public Health need to work together to determine the course of action, if PCP recommends testing, staff can return after 2 neg tests 24 hours apart
 - Exposure for staff, stay home for 14 days, monitor for symptoms, if HH member ill with COVID, stay home 14 days after member recovered
 - Supervisors may let other staff know of possible exposure without giving out name of the infected person for confidentiality
 - Travel within the state- no recommendation to self-isolate, International travelhave to isolate 14 days

• Job responsibilities

- CPAs answer phones, issue pumps, see certifications in-person, do phone appointments, sanitize between each family
- Support staff make reminder calls for all appts, sanitize work stations, work on reports

Concerns

- Participant centered services and Heart Button counseling are not going well right now due to staff rushing, lack of time
- Case load drop due to longer appointments, cleaning between appointments, and appointment spacing
- If waivers end 9/30 and clinics are doing appointments over the phone, how to get the ht/wt/hgb from doctors without a signature to request if they can't sign the form in clinic
- Staff getting sick in the winter and having to be out 14 days
- Staff with young children at school and exposures
- Not sure what will happen if no waiver with clinic flow

Contingency plans

- Follow Linn County Public Health, 6 feet or less for more than 15 minutes= exposure
- If waivers end and staff are allowed to work from home, the agency will do that when exposures occur
 - One staff could work from home doing NE appts for all sites if feeling well
- Time spacing in-person, putting blocks in when possible since schedule was already pretty full, trying to space out appts as possible and testing what works

State Updates:

Physical presence

- If waivers expire, the reopening guidance lists examples of participants who can be exempted from the physical presence requirements per Federal Regulations.
 - Ongoing health care Per Policy 215.15, we need documentation that the infant/child is receiving ongoing care.
 - Exemption is for the participant to not have to come into the clinic. If there is no referral data for ht/wt/hgb those need to be completed in person. Bloodwork can be deferred for 90 days. The Rights and Responsibilities document and food benefits must be signed for in person.
- For certifications, the nutrition interviews can be done over the phone prior to coming in for ht, wt, hgb. Signatures would then be collected for the Rights and Responsibilities and food benefits when participant comes in for hts/wts/hgbs.
- Creativity and thinking out side of the box is encouraged- staff meeting participants at the car, drive through
- Participants could ask their healthcare provider to send the WIC clinic referral data.
- Health Update appointments can be completed remotely as they are now. Make efforts
 to get referral data for heights/weights/hemoglobins. If you are unable to gather this
 data, you can still issue benefits for the family if the appointment was completed
 remotely. The family is certified and benefits should be issued. A signature is not
 needed to issue benefits.
 - The state will have to determine how to document this in the system when ht/wt/hgb are not available
- Nutrition education appointments can be complete remotely as they are now.

Questions:

- Can electronic proofs be used? Yes. IDs should be presented for in person appointments.
- Can height/weight/hemoglobin referral data be used from an electronic clinic portal?
 Yes.
- If the family is receiving ogoing healthcare, do their heights and weights have to be from the timeframes in policy or can we take measurements if they are not within those specific timeframes? The timeframes in policy must be followed for obtaining heights/weights/hemoglobins. We are looking at seeing if we can get policy approved that referral heights and weights can be less than or equal to 60 days old.
- On October 1, if the waiver is not extended for physical presence, do we need to have heights, weights, and hemoglobins? Yes
- Question about confidentiality and releasing names to public health with suspected exposure.
 - o IDPH will bring this question to IDPH's Assistant Attorney General

- If the agency needs to add clinic days if they are only seeing one family at a time for appointments, has any consideration been taken on how this is going to affect our budgets?
 - Per Bruce Brown, new contracts are now on 2021 IGG sites, start-up amount mirrored end of spending from previous year and is the largest start up that WIC has ever had. We ask you all to manage your own budgets.
 - Budget won't be passed until early January so any other increases could be made then subject to availability of funds
 - If special funding requests or concerns, communicate with Bruce/State Office as soon as possible.
- With regards to the WIC Clinic site availability and COVID-19 document sent out via lowaGrants.gov, when should this be completed by? Does this need to be completed for action plans, etc.? Submit prior to October 1. This document is referring to WIC clinic site availability. If changes are needed to action plans, outreach strategies, etc. talk with your nutrition consultant for technical assistance and items will be negotiated if needed.

Guidance documents

 Guidance documents regarding completing appointments when waivers expire will be revised and shared in the near future